

FILED

APR 29 2008

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

SYLVESTER BRINSON,

RECEIVED  
APRIL 22, 2008

JT

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

vs.

Case No: 08 C 50070  
(To be supplied by the Clerk of this Court)

Dr. MESROBIAN,

Dr. MICHAEL FERNANDO,

Dr. AQUEEL KHAN,

DIANA DOBIER,

MARITA L. MAHONEY,

PATRICIA A. VICKROY, Ms. WINTER'S and other JANE or JOHN DOE,  
(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

CHECK ONE ONLY:

☒ COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)

☐ COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331(a) U.S. Code (federal defendants)

☐ OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

## I. Plaintiff(s):

- A. Name: SYLVESTER BRINSON
- B. List all aliases: N/A.
- C. Prisoner identification number: R-29606
- D. Place of present confinement: LOGAN CORRECTIONAL CENTER
- E. Address: 1096 1350TH STREET/BOX-1000, LINCOLN-IL., 62656.

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, and current address according to the above format on a separate sheet of paper.)

## II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Dr. MESROBIAN  
 Title: MEDICAL DIRECTOR  
 Place of Employment: DIXON CORRECTIONAL CENTER
- B. Defendant: Dr. MICHAEL FERNANDO  
 Title: STAFF PSYCHIATRIST  
 Place of Employment: DIXON CORRECTIONAL CENTER
- C. Defendant: Dr. AQUEEL KHAN  
 Title: STAFF PSYCHIATRIST  
 Place of Employment: DIXON CORRECTIONAL CENTER

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

PATRICIA A. VICEROY	DIANA DOBIER	MARIEA L. MAHONEY
CLINICAL PSYCHOLOGIST	PSYCHOLOGY DIRECTOR	PSYCHOLOGIST INTERN
DIXON CORRECTIONAL CTR.	DIXON CORRECTIONAL CENTER	DIXON CORRECTIONAL CTR.

II. Defendant(s):

D. DIANA DOBIER	Defendant:
PSYCHOLOGY DIRECTOR	Title:
DIXON CORRECTIONAL CTR.	Place of Employment:
E. MARITA L. MAHONEY	Defendant:
PSYCHOLOGY INTERN	Title:
DIXON CORRECTIONAL CTR.	Place of Employment:
F. PATRICIA A. VICKROY	Defendant:
CLINICAL PSYCHOLOGIST	Title:
DIXON CORRECTIONAL CTR.	Place of Employment:
G. Ms. WINTERS	Defendant:
PSYCHOLOGIST-III	Title:
DIXON CORRECTIONAL CTR.	Place of Employment:
H. JANE DOE	Defendant:
TO BE LISTED.	Title:
DIXON CORRECTIONAL CTR.	Place of Employment:
I. JOHN DOE	Defendant:
TO BE LISTED.	Title:
DIXON CORRECTIONAL CTR.	Place of Employment:

### III. Exhaustion of Administrative Remedies

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

A. Is there a grievance procedure available at your institution?

YES ( ☒ ) NO ( ) If there is no grievance procedure, skip to F.

B. Have you filed a grievance concerning the facts in this complaint?

YES ( ☒ ) NO ( )

C. If your answer is YES:

1. What steps did you take?

Filed the necessary grievances and appealed to the Director/IDOC,  
repeatedly complaining that RESPERDAL was issued to me under false  
pretenses, creating deliberate indifference.

2. What was the result?

Was told that I would have to take this issue up with the manufacturers  
and the FDA, because IDOC was not in any position to handle this situation,  
and plaintiff even wrote to the attorneys/FDA/ manufacturers of this  
medication(s).

3. If the grievance was not resolved to your satisfaction, did you appeal? What was the result (if there was no procedure for appeal, so state.)

\*SAME AS LISTED IN #2\*

D. If your answer is NO, explain why not:

IDOC is passing the buck, due to plaintiff eventual release within  
afew months and plaintiff has been transferred and even writ'd to Court,  
in an unrelated matter (Child-Custody), SO THAT HE COULD NOT FILE SUIT.

E. Is the grievance procedure now completed? YES (☒) NO ( )

F. If there is no grievance procedure in the institution, did you complain to authorities? YES (☒) NO ( )

G. If your answer is YES:

1. What steps did you take?

Filed the necessary grievances and complained to the authorities  
on a regular about the side-effects this particular medication(s)

was giving me and although plaintiff has been off the medication(s),  
he now states that the side-effects, which could have been avoided,  
the IDOC/STAFF totally ignored his pleas.

2. What was the result?

File #13 and grin and beareth it!

H. If your answer is NO, explain why not:

Believed that I was at fault and even characterized/stigmatized me  
and labeled me as being psychotic, so plaintiff then decided to  
file this lawsuit, in an attempt to get some just results.

IV. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):

- A. Name of case and docket number: N/A.
- B. Approximate date of filing lawsuit: N/A.
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A.
- D. List all defendants: N/A.
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A.
- F. Name of judge to whom case was assigned: N/A.
- G. Basic claim made: N/A.
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A.
- I. Approximate date of disposition: N/A.

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

## V. Statement of Claim:

State here as briefly as possible the facts of your case. Describe precisely how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

This is a continued pattern of deliberate indifference, neglect and/or  
continued ignorance of medications, as if an experiment, eg. lab rat, etcetera,  
and though plaintiff filed necessary grievances beginning from the Cook County  
Jail, to the DIXON C.C., and now herein (LOGAN C.C.), no one has reasonably  
examined him to actually find out, if or not, all involved defendants should  
have known of the possible side-effects, adverse reactions from prescribing  
this medication(s) and since plaintiff wholeheartly believes that his rights  
from cruel and unusual punishment was infringed upon by being somewhat forced  
to take this particular medication(s), almost to the point until he was later  
told that he has diabetes, thus plaintiff states that this continued pattern  
his being under doctor's orders for strict compliance of depression, therefore  
plaintiff argues that IDOC/STAFF's failure to perform an adequate examination in the  
merits of his claims, constitutes deliberate indifference, because he repeatedly  
informed Cook County officials, Dixon Correctional Center staff and now this Logan  
staff that being issued these medication(s) CAUSED/CREATED the Diabetes and he  
questions the fact that he only was told of diabetes, after the filing of his  
grievances, and don't forget to IDOC in Springfield.

Plaintiff states that interference with medical questions/treatments is  
a proper claim for deliberate indifference because he is being denied the chance

~~to actually be seen by a licensed personnel, not an under study whom is not familiar with his medical needs and therefore failure to conduct tests to determine the prisoner's symptoms were deliberate indifferent to his medical needs and concerns, and predicated upon the medical history of the plaintiff nothing is listed in the file that any tests was actually conducted and lab work could have been detected while plaintiff was still under this treatment of the taking of this false medication(s).~~

~~Plaintiff states a proper cause of action and states that his due-process rights has been violated by cruel and unusual punishment of deliberately prescribing medication(s) which they IDOC/STAFF should have known that it would eventually lead and/or cause other symptoms of mistreatments.~~

~~Plaintiff is currently on medication(s) for emotional distress/depression/mental illness and states that whether or not an instance of medical misdiagnosis resulted from deliberate indifference or negligence is a factual question requiring expert exploration by expert witnesses. Rogers v. Evans, 792 F.2d at 1058.~~

~~Plaintiff requests that this Court acts as the forum to decide whom shall be sued based upon the consequences of their actions or omissions and find rather or not if they amounted to deliberate indifference and since Wardens/personnel are not responsible for the acts of their reliance upon the judgements of qualified medical personnel, plaintiff states that the proper parties are listed.~~

#### VI. Relief:

To be determined by the court for a jury trial and requesting that class-certification be issued, along with declaratory, compensatory and any needed injunctive reliefs. "THANK-YOU!"



State briefly exactly what you want the court to do for you. Make no legal arguments.  
Cite no cases or statutes.

Plaintiff requests to amend this complaint at a later date when he may/can  
having support documents predicated upon the filing of a motion to produce  
documents and that all rights be hereby retained.

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this April day of 8, 2008

(Signature of plaintiff or plaintiffs)

Sylvester Brunson  
(Print name)

R29606  
(I.D. Number)

Logan Correctional Center  
PO Box 1000  
Lincoln Illinois 62656  
(Address)

## ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board  
Return of Grievance or Correspondence

Offender: Brinson Sylvester R29606  
Last Name First Name MI ID#

Facility: Dixon

☒ Grievance (Local Grievance # (if applicable): 06-11-18) or ☐ Correspondence  
 Received: 2,14,07 Regarding: Meds  
Date

The attached grievance or correspondence is being returned for the following reasons:

## Additional information required:

- ☐ Use the Committed Person's Grievance Report, DOC 0047 (formerly DC 5657), including the Grievance Officer's and Chief Administrative Officer's response, to appeal.
- ☐ Provide a copy of the Committed Person's Grievance, DOC 0046 (formerly DC 5657) including the counselor's response if applicable.
- ☐ Provide date(s) of disciplinary report(s) and facility where incident(s) occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:

Administrative Review Board  
 Office of Inmate Issues  
 1301 Concordia Court  
 Springfield, IL 62794-9277

## Misdirected:

- ☐ Contact your correctional counselor regarding this issue.
- ☐ Request restoration of Good Conduct Credits (GCC) to Adjustment Committee. If request is denied, utilize the inmate grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns to: Illinois Prisoner Review Board  
 319 E. Madison St., Suite A  
 Springfield, IL 62706

## No further redress:

- ☐ Award of Meritorious Good Time (MGT) and Statutory Meritorious Good Time (SMGT) are administrative decisions; therefore, this issue will not be addressed further.
- ☒ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on 1/1  
Date
- ☐ No justification provided for additional consideration.

Other (specify):

Last Date mentioned is 4-10-06

Completed by:

Print Name

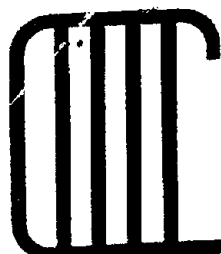
Sherry Bentz  
Signature

2,23,07  
Date

Distribution: Offender, Inmate Issues

Review Dept Rule 504 F

DOC 0070 (10/2001)  
 (Replaces DC 710-1274)



**Illinois**  
Department of  
**Corrections**

Rod R. Blagojevich  
Governor

Roger E. Walker, Jr  
Director

Dixon Correctional Center / 2600 N. Brinton Avenue / Dixon, IL 61021 / Telephone: (815) 288-5561 / TDD: (800) 528-0844

*MEMORANDUM*

DATE: 11-14-06

TO: Name Sylvester Brinson #IDOC R29606  
Housing Unit 43

FROM: Chris Barnhart, Grievance Officer

Nature of Grievance Psych Medications

Your Grievance is being returned due to the following reason(s):

- ☐ MGT/SMGT is an Administrative decision; therefore this issue will not be addressed further
- ☐ Use proper Committed Persons Grievance Report form (DOC 0046)
- ☐ Contact your assigned counselor
- ☐ Issue too vague; submit additional and specific information
- ☐ Correspondence/Request misdirected
- ☐ Unable to determine nature of grievance
- ☐ Nature of grievance and relief requested are two separate issues – clarify and resubmit
- ☐ Not submitted in a timely manner; issue is over two months old
- ☒ Issue previously grieved # 06-11-18
- ☐ Inmates may not submit grievances for other inmates; only personal relief may be requested
- ☐ Requests for restoration of GCC should be forwarded to the Adjustment Committee; if denied utilize the grievance process to appeal
- ☐ Eligible: resubmit legible copy for consideration
- ☐ Address concerns to the Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, Illinois 62701
- ☐ Contact the Record Office with your request and/or additional information
- ☐ This issue is outside the jurisdiction of Dixon Correctional Center
- ☐ Forward directly to the Administrative Review Board
- ☐ Need to appear before the Adjustment/Program Committee prior to review
- ☐ No justification for further consideration
- ☐ Comments

Chris Barnhart  
Grievance Officer

cc: file

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO OFFENDER'S GRIEVANCE

## Grievance Officer's Report

Date Received: December 10, 2006 Date of Review: January 23, 2007 Grievance # (optional): 06-11-18Offender: Brinson, Sylvester ID#: R29606Nature of Grievance: HCU, medications

Facts Reviewed: This Grievance Officer notes Inmate Brinson's concern regarding the medication risperidal and his claim that it has caused him to have diabetes. Inmate Brinson states that he no longer takes risperidal. He further states that he has been diagnosed by a Dixon CC Medical Doctor as having diabetes.

This Grievance Officer would advise Inmate Brinson to discuss any concerns he has regarding the medication risperidal with the doctor who prescribed the medication for a further explanation of the benefits and possible side effects of taking that medication. This Grievance Officer spoke with Dr. Weiner who indicated that Inmate Brinson's labs are taken periodically and monitored for any side effects which might be related to the psychotropic medications. Risperidal has been approved by the Federal Drug Administration for use as a psychotropic medication.

Inmate Brinson will need to pursue his requested relief of seeking legal action against the manufacturer of Risperidal and the FDA on his own accord, as the facility is not able to assist him in this manner. This Grievance Officer suggests that he make an appointment with the Law Library to explore his viable options.

Recommendation: Based upon a total review of all available information, this Grievance Officer is reasonably satisfied Inmate Brinson's medication issue has been addressed and recommends no further action.

Chris Barnhart, CCII

First Grievance Officer's Name

(Attach a copy of Offender's Grievance, including counselor's response if applicable)

CABLA, CCII

Grievance Officer's Signature

## Chief Administrative Officer's Response

Date Received: 1/24/07 ☒ I concur ☐ I do not concur ☐ Remand

Comments:

Chief Administrative Officer's Signature

Offender's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and all relevant documents.)

Sylvester Brinson  
Offender's Signature

R29606 Feb 8, 2007  
ID# Date

ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE			
Date: <u>Oct 27, 2006</u>	Offender: <u>Sylvester Brinson</u>	Case: <u>R29606</u>	
Present Facility: <u>Dixon Correctional Center</u>		Facility where grievance arose: <u>Dixon Correctional</u>	
NATURE OF GRIEVANCE:			
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> Disability
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denied by Facility	<input type="checkbox"/> Transfer Denied by Transfer Coordinator	<input checked="" type="checkbox"/> Other Issues: <u>Legal</u>	
<input type="checkbox"/> Disciplinary Report		Date of Report: <u>Dixon Correctional Center</u>	
<p>Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.</p> <p>Complete: Attach a copy of any pertinent document (such as a disciplinary report, detention record, etc.) and send to:</p> <p>Complaint: Unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board, Chief Administrative Officer, only if the issue involves discipline of the present facility or issue not resolved by Counselor.</p> <p>Administrative Review Board, only if the issue involves transfer denied by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.</p>			
<p>Brief Summary of Grievance: <u>I am filing this grievance because I have been incarcerated for six years. Parallel to being prescribed Resperdal and the side effects are High Cholesterol, Obesity, Weight Gain, and Diabetes. On April 1, 2006 by my Doctor at Dixon Correctional Center diagnosed me with Diabetes but I am no longer taking Resperdal, but the medication that I am taking now is a High Cholesterol pill, and Diabetes pill, and Elavil pill, and Xanax pill.</u></p>			
<p>Relief Requested: <u>I would like action to be taking because what happening to me.</u></p>			
<p>* Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.</p> <p><u>Sylvester Brinson</u> <u>R29606</u> <u>10.27.06</u></p> <p>Offender's Signature Date</p>			
<p>(Continue on reverse side if necessary)</p>			
<p>Counselor's Response (if applicable)</p> <p>Date Received: <u>11.6.06</u></p> <p><input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 18277, Springfield, IL 62794-0277</p> <p>Response: <u>Medications are prescribed by a licensed physician.</u></p> <p><u>Tracy Hendrix</u> <u>Quindia</u></p> <p>Counselor's Name Counselor's Signature</p>			
<p>EMERGENCY REVIEW</p> <p>Date Received: <u>10.31.06</u></p> <p>Is this determined to be an emergency? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>RECEIVED NOV 17 2006</p> <p>OFFICE OF INMATE ISSUES</p> <p>Old Administrative Officer's Signature <u>Nedra Chertkoff</u> Date <u>10.31.06</u></p>			

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

And I am now being treated for Diabetes.

Reference to Medication from:

The Pill Book 11<sup>th</sup> Edition  
Copy right 2004 pages 943 to 946  
Publisher, Bantam Books

and the places I was taking Resperdal are:

Dixon Correctional Center 5-7, 2004 to 4-10-2006  
2600 North Brinton Avenue  
Dixon Illinois 61021

Elgin Mental Health Care 2 months in 2004  
756 South State Street  
Elgin Illinois 60123-7692

Cernak Health Service of Cook County  
Cook County Jail 36 10-30-2000 to 4-27-2004  
2800 South California Avenue  
Chicago Ill 60608

Relief Request:

So please Help me with this grievance  
so I can take Action against the makers  
of Resperdal and the F.D.A. for approving  
this medication, as dangerous as it is.

Thank you,

Sylvester Brimmon #R29606  
2600 North Brinton Avenue  
Dixon Illinois 61021  
P.O. Box 1200



## ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board  
Return of Grievance or Correspondence

Offender: Brinson Sylvester R29606  
Last Name First Name MI ID#

Facility: Dixon

☒ Grievance (Local Grievance # (if applicable): 06-11-18) or ☐ Correspondence

Received: 2,14,07 Regarding: MedS  
Date

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- ☐ Provide date(s) of disciplinary report(s) and facility where incident(s) occurred.
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Administrative Review Board  
 Office of Inmate Issues  
 1301 Concordia Court  
 Springfield, IL 62794-9277

## Misdirected:

- ☐ Contact your correctional counselor regarding this issue.
- ☐ Request restoration of Good Conduct Credits (GCC) to Adjustment Committee. If request is denied, utilize the inmate grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns to: Illinois Prisoner Review Board  
 319 E. Madison St., Suite A  
 Springfield, IL 62706

## No further redress:

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- ☒ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on 1/1  
Date
- ☐ No justification provided for additional consideration.

Other (specify):

Last Date mentioned is 4-10-06

Completed by:

Print Name

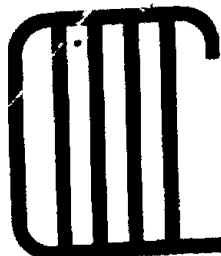
Signature

Date

Distribution: Offender, Inmate Issues

DOC 0070 (10/2001)  
 (Replaces DC 710-1274)





**Illinois**  
Department of  
**Corrections**

**Rod R. Blagojevich**  
Governor

**Roger E. Walker, Jr**  
Director

Dixon Correctional Center / 2600 N. Brinton Avenue / Dixon, IL 61021 / Telephone: (815) 288-5561 / TDD: (800) 525-0844

*MEMORANDUM*

DATE: 11-14-06

TO: Name Sylvester Brinson #IDOC R29606  
Housing Unit 43

FROM: Chris Barnhart, Grievance Officer

Nature of Grievance Psych Medications

Your Grievance is being returned due to the following reason(s):

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- ☐ Correspondence/Request misdirected
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- ☐ Nature of grievance and relief requested are two separate issues – clarify and resubmit
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- ☐ Requests for restoration of GCC should be forwarded to the Adjustment Committee; if denied utilize the grievance process to appeal
- ☐ Ineligible: resubmit legible copy for consideration
- ☐ Address concerns to the Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, Illinois 62701
- ☐ Contact the Record Office with your request and/or additional information
- ☐ This issue is outside the jurisdiction of Dixon Correctional Center
- ☐ Forward directly to the Administrative Review Board
- ☐ Need to appear before the Adjustment/Program Committee prior to review
- ☐ No justification for further consideration
- ☐ Comments

Chris Barnhart  
Grievance Officer

cc: file



Dyvester Brinson K29606  
Logan Correctional Center  
P.O. Box 1000  
Lincoln Illinois 62656



Legal Mail

To Hon. Kenneth S. Gardner  
Clerk of U.S. District Court  
211 South Court Street/Room 272  
Rockford, Illinois 61101

This correspondence is from  
an inmate of the Illinois  
Department of Corrections.

Legal mail

RECEIVED

APR 22 2008

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

IN THE

UNITED STATES DISTRICT COURT FOR THE

NORTHERN DISTRICT OF ILLINOIS-WESTERN DIVISION

SYLVESTER BRINSON,

Plaintiff.

vs.

Dr. MESROBIAN, et al.,

Defendants.

Case No. \_\_\_\_\_

08 C50070

Kapala

PROOF / CERTIFICATE OF SERVICE

TO: Hon. KENNETH S. GARDNER  
CLERK of U.S. DISTRICT COURT  
211 SO. COURT STREET/RM.272  
ROCKFORD, IL. 61106

TO: Hon. LISA MADIGAN  
ATTORNEY GENERAL/ILLINOIS  
500 SO. SECOND STREET  
SPRINGFIELD, IL. 62706

PLEASE TAKE NOTICE that on APRIL 08 A.D., 2008, I have placed the documents listed below in the institutional mail at *Logan Correctional Center*, properly addressed to the parties listed above for mailing through the United States Postal Service:

(1) COPY & (1) ORIGINAL OF A 1983-CIVIL RIGHTS LAWSUIT.

ALONG WITH PROPER IN FORMA PAUPERIS AND PROOF OF SERVICE, REQUESTING THE CLERK TO "FILE-STAMP" (1) COPY AND RETURN. :THANK-YOU!"

Pursuant to 28 USC 1746, 18 USC 1621 or 735 ILCS 5/109, I declare under penalty of perjury, that I am a named party in the above action, that I have read the above documents, and that the information contained therein is true and correct to the best of my knowledge.

Date: 4/08/2008

/s/ Sylvester Brinson  
Name: SYLVESTER BRINSON  
IDOC No.: R-29606  
Logan Correctional Center  
1096 1350<sup>th</sup> Street / PO Box 1000  
Lincoln, Illinois 62656